

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040009  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9970

STATE FILE NUMBER

FILED OCT 29 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUISLength of stay in 1b  
25 YRS.c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1313<sup>rd</sup> BENTON ST.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY

Inside Limits  
Yes ☒ No ☐

c. CITY OR TOWN ST. LOUIS

d. STREET ADDRESS (If outside, give location)  
1313<sup>rd</sup> BENTONReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

SAMUEL

P.

BLAND

## 4. DATE OF DEATH

Month

Day

Year

10

16

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-8-1872

## 9. AGE (last birthday)

90

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED LABORER

10b. KIND OF BUSINESS OR INDUSTRY

REFRIGERATOR CO.

11. BIRTHPLACE (City and state or country)

BAGDAD, K'EN.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JOHN BLAND

## 13b. MOTHER'S MAIDEN NAME

MATHILDA JAMES

## 14. NAME OF HUSBAND OR WIFE

SUSIE BLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

SUSIE BLAND 1313<sup>rd</sup> BENTON18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Chronic Arteriosclerosis Heart

## DUE TO (c)

Hypertension 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1961, to Oct 16-62 and last saw him alive on Oct 12-62.  
Death occurred at 5:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. J. S. Smith

## 22b. ADDRESS

3700 N Grand

## 22c. DATE SIGNED

10/18/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

## 23b. DATE

10-19-62

## 23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

## 23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY, MO.

## 24. FUNERAL DIRECTOR

ADDRESS

SUE MEYER SONS 3934 N. 20TH ST.

## 25. DATE RECD. BY LOCAL REG.

OCT 18 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer, No.

*3749*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.